MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

AFTER 1st AMENDMENT

IND. DEP.

AS FILED

IND.

TOTAL IND.

TOTAL DEP.

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 $\Box I$

APPLICANT(S)

AFTER 2nd AMENDMENT

IND.

SERIAL NO. FILING DATE

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

